



PTO/SB/21 (03-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/601,138
Filing Date	06/20/2003
First Named Inventor	Markling et al.
Art Unit	3636
Examiner Name	not assigned
Total Number of Pages in This Submission	8
Attorney Docket Number	566.020

131.
SF**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Declaration & Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael J. Gratz Boyle Fredrickson Newholm Stein & Gratz, S.C.
Signature	
Date	9/25/03

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

September 25, 2003

Typed or printed	Lisa J. Ehaney
Signature	
Date	9-25-03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 509.00)

Complete if Known

Application Number	10/601,138
Filing Date	June 20, 2003
First Named Inventor	Markling et al.
Examiner Name	not assigned
Group Art Unit	3636
Attorney Docket No.	566.020

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number	50-1170
Deposit Account Name	Boyle Fredrickson Newholm Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	410	216	205
117	930	217	465
118	1,450	218	725
128	1,970	228	985
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,300	241	650
142	1,300	242	650
143	470	243	235
144	630	244	315
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	750	246	375
149	750	249	375
179	750	279	375
169	900	169	900

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	750	201	375
106	330	206	165
107	520	207	260
108	750	208	375
114	160	214	80

SUBTOTAL (1) (\$ 375.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	23 -20** = 3	X 9.00 = 27.00	
Multiple Dependent	4 - 3*** = 1	X 42.00 = 42.00	

= =

SUBTOTAL (2) (\$ 69.00)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 65.00)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Michael J. Gratz	Registration No. (Attorney/Agent)	39,693	Telephone (414) 225-9755
Signature	<i>Michael J. Gratz</i>			Date 9/25/03

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